

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**10/069592**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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50						
TOTAL IND.	3		3			
TOTAL DEP.	8	↔	21	↔		↔
TOTAL CLAIMS	11	[REDACTED]	24	[REDACTED]	[REDACTED]	[REDACTED]

BEST AVAILABLE COPY

*	*	*	*
IND.	DER.	IND.	DER.
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100			
TOTAL IND.			
TOTAL DEP.		↔	
TOTAL CLAIMS		[REDACTED]	[REDACTED]

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS